

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **746278** (1)  
1. Corporation Name  
**OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED**



Principal Place of Business Mailing Address  
**P.O. BOX 441** **P.O. BOX 441**  
**TALLEVAST FL 34270-0441** **TALLEVAST FL 34270-0441**

3. Date Incorporated or Qualified **03/16/1979** 3a. Date of Last Report **08/07/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2317152</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country		
<b>24</b>	<b>25</b>		
	<b>29</b>		
	<b>30</b>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODGERS, ROBERT E**  
**4718 OAK RUN DR**  
**SARASOTA FL 34243**

81 Name **CHARLES TOKARZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4721 OAK RUN DR.**  
83  
84 City **SARASOTA** FL **85** Zip Code **34243**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles Tokarz* **CHARLES TOKARZ** **4-30-96**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>RODGERS, ROBERT</b>	1.2 NAME	<b>CHARLES TOKARZ</b>
STREET ADDRESS	<b>4718 OAK RUN DRT</b>	1.3 STREET ADDRESS	<b>4721 OAK RUN DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34243</b>
TITLE	<b>TD</b>	2.1 TITLE	
NAME	<b>LEBOEUF, WILLIAM A</b>	2.2 NAME	
STREET ADDRESS	<b>7408 OAK RUN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<b>VP</b>
NAME	<b>WALL, KENNETH</b>	3.2 NAME	<b>ROY ARNOLD</b>
STREET ADDRESS	<b>4733 OAK RUN DR</b>	3.3 STREET ADDRESS	<b>4717 OAK RUN DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34243</b>
TITLE	<b>SD</b>	4.1 TITLE	<b>SD</b>
NAME	<b>JACKSON, NELLIE</b>	4.2 NAME	<b>PEGGY JOHNSON</b>
STREET ADDRESS	<b>4720 OAK RUN DR</b>	4.3 STREET ADDRESS	<b>4725 OAK RUN DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34243</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles Tokarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHARLES TOKARZ**

Date

Daytime Phone #

CR2E037 (12/95)